

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

ADDRESS (number and street)

7000 CARDINAL PLACE

☐Check if different
than previously
reported. (ACC)

DUBLIN

OH

43017

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00332833

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2008

through

03

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JAMES W. HOEBERLING

Signature of Treasurer

Electronically Filed by JAMES W. HOEBERLING

Date

04

03

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		226435.59
(b) Cash on Hand at Beginning of Reporting Period	250536.73	
(c) Total Receipts (from Line 19)	15210.53	53811.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	265747.26	280247.26
7. Total Disbursements (from Line 31)	20000.00	34500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	245747.26	245747.26
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11373.82	31852.30
(i) Itemized (use Schedule A)		
(ii) Unitemized	3276.70	19931.68
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	14650.52	51783.98
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	14650.52	51783.98
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	560.01	2027.69
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15210.53	53811.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15210.53	53811.67

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	18000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	16500.00	16500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20000.00	34500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20000.00	34500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	14650.52	51783.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14650.52	51783.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 33

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Steven Adams

Mailing Address 2811 Autumn Lake Dr

City

State

Zip Code

Katy

TX

77450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

President, Pharmacy Management

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

201.95

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	8

Transaction ID: 80327.C86628

Amount of Each Receipt this Period

57.70

Receipt

Payroll Deduction: (28.85-
/Pay Period)**B.**

Full Name (Last, First, Middle Initial)

David Anderson

Mailing Address 15917 Willis Way

City

State

Zip Code

Woodbine

MD

21797

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp/gm, Hsptl Mktg & Inv S

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	8

Transaction ID: 80327.C86696

Amount of Each Receipt this Period

115.38

Receipt

Payroll Deduction: (57.69-
/Pay Period)**C.**

Full Name (Last, First, Middle Initial)

Cassandra Baker

Mailing Address 1672 Barrington Rd

City

State

Zip Code

Upper Arlington

OH

43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Govt Relations Mgmt

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

372.89

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	8

Transaction ID: 80327.C86694

Amount of Each Receipt this Period

106.54

Receipt

Payroll Deduction: (53.27-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

279.62

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 33

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Johnni Beckel

Mailing Address 3680 Nicoya
Court

City	State	Zip Code
Lewis Center	OH	43035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, IncOccupation
Evp, Hr Business Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	8

Transaction ID: 80327.C86529

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-
0/Pay Period)**B.**

Full Name (Last, First, Middle Initial)

Shelley Bird

Mailing Address 7998 Caraway Ave

City	State	Zip Code
Dublin	OH	43016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, IncOccupation
Evp, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	8

Transaction ID: 80327.C86527

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-
0/Pay Period)**C.**

Full Name (Last, First, Middle Initial)

Timothy Boes

Mailing Address 103 La Trobe Ct

City	State	Zip Code
Southlake	TX	76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, IncOccupation
Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

628.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	8

Transaction ID: 80327.C86708

Amount of Each Receipt this Period

179.44

Receipt

Payroll Deduction: (89.72-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

579.44

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Scott Bostick

Mailing Address 1546 Vivaldi Drive

City

Cardiff

State

CA

Zip Code

92007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Gm-supply Chain Solution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86656

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (40.00-
/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Mark Branday

Mailing Address 55 Island Blvd

City

Fox Island

State

WA

Zip Code

98333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Account

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.72

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86639

Amount of Each Receipt this Period

65.92

Receipt

Payroll Deduction: (32.96-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Charles Burwell

Mailing Address 4125 Via Cangrejo

City

San Diego

State

CA

Zip Code

92130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Clinical Information Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86689

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

245.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Stacy Butterfield

Mailing Address 5151 Woodbridge Dr

City State Zip Code
 Powell OH 43065

FEC ID number of contributing federal political committee.

C

Name of Employer
Cardinal Health, IncOccupation
Svp, Gbl Financial & Bus

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86685

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-
/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Gary Cacciatore

Mailing Address 3810 Loch Glen Court

City State Zip Code
 Houston TX 77059

FEC ID number of contributing federal political committee.

C

Name of Employer
Cardinal Health, IncOccupation
Vp, Reg Aff-reg Devel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86641

Amount of Each Receipt this Period

66.00

Receipt

Payroll Deduction: (33.00-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Thomas Calhoun

Mailing Address 5n496 W Lakeview Cir

City State Zip Code
 St Charles IL 60175

FEC ID number of contributing federal political committee.

C

Name of Employer
Cardinal Health, IncOccupation
Svp, Warehouse Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.51

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86629

Amount of Each Receipt this Period

57.86

Receipt

Payroll Deduction: (28.93-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

223.86

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 33

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Anthony Caprio

Mailing Address 6 Cottage Lane

City

Marlboro

State

NJ

Zip Code

07746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Ips Sales Ne

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	8

Transaction ID: 80327.C86528

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-
0/Pay Period)**B.**

Full Name (Last, First, Middle Initial)

Kerry Clark

Mailing Address 8515 Fox Cub Lane

City

Cincinnati

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

President & Ceo, Cah

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	8

Transaction ID: 80327.C86577

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-
0/Pay Period)**C.**

Full Name (Last, First, Middle Initial)

Jack Coffey

Mailing Address 8191 Winchcombe Dr

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Qra Nps

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	8

Transaction ID: 80327.C86533

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-
0/Pay Period)

SUBTOTAL of Receipts This Page (optional)

784.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Mary Cooney

Mailing Address 2211 Briarglen
#507City State Zip Code
Houston TX 77027FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, IncOccupation
Svp, Hr Business Partner Cts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86539

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-
0/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Leland Cox

Mailing Address 43 N Ohio Ave

City State Zip Code
Columbus OH 43203FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, IncOccupation
Svp, National Chain Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86537

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-
0/Pay Period)

C.

Full Name (Last, First, Middle Initial)

John Cullivan

Mailing Address 1 Miranova Place
#910City State Zip Code
Columbus OH 43215FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, IncOccupation
Svp, Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1076.95

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86563

Amount of Each Receipt this Period

307.70

Receipt

Payroll Deduction: (153.8-
5/Pay Period)

SUBTOTAL of Receipts This Page (optional)

707.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Jody Davids

Mailing Address 7638 Red Bay Court

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Evp, Gss And Cio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86693

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-
/Pay Period)

B.

Full Name (Last, First, Middle Initial)

James Derleth

Mailing Address 1510 Woodvale Ave

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Health Systems & Mrkt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86687

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Ted Dibiase

Mailing Address 4954 Rosegate Ct
Island Drive

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Hr Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.40

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86702

Amount of Each Receipt this Period

122.40

Receipt

Payroll Deduction: (61.20-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

322.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Kurt Dieck

Mailing Address 7037 Lake Trail Dr

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Strategy & Bus Dev -

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86532

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-
0/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Gary Dolch

Mailing Address 8382 Deep Run

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Evp, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86572

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-
0/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Gary Ellis

Mailing Address 6146 Balmoral Drive

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Branded Purchasing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86535

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-
0/Pay Period)

SUBTOTAL of Receipts This Page (optional)

784.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Stephen Falk

Mailing Address 2480 Sandover Rd

City

Columbus

State

OH

Zip Code

43220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Evp, General Counsel Hscs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86531

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-
0/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Ivan Fong

Mailing Address 21 S. Parkview Ave.

City

Columbus

State

OH

Zip Code

43209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Chief Legal Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86573

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-
0/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Elizabeth Ford

Mailing Address 2262 Yorkshire Road

City

Upper Arlington

State

OH

Zip Code

43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Legal Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86686

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

684.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Edmund Fry

Mailing Address 1 Miranova Pl.
Apt. 2040City State Zip Code
Columbus OH 43215FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, IncOccupation
Svp, Quality Assurance/reg Com

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86538

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-
0/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Robert Giacalone

Mailing Address 7471 Balfoure Circle

City State Zip Code
Dublin OH 43017FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, IncOccupation
Svp, Reg Affairs/chf Reg Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.37

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86660

Amount of Each Receipt this Period

91.82

Receipt

Payroll Deduction: (45.91-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Robert Glover

Mailing Address 5633 N Kostner Ave

City State Zip Code
Chicago IL 60646FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, IncOccupation
Vp, Account

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.22

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86631

Amount of Each Receipt this Period

58.92

Receipt

Payroll Deduction: (29.46-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

350.74

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

David Gonzales

Mailing Address 384 Colorado Drive

City

Cedar Creek

State

TX

Zip Code

78612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Dir, State Govt Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86691

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-
/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Gregory Halvacs

Mailing Address 4964 Olentangy River
River Rd

City

Delaware

State

OH

Zip Code

43015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Corporate Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86683

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Linda Harty

Mailing Address 1761 Roxbury Rd

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Evp, Finance Hscs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

783.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86542

Amount of Each Receipt this Period

223.80

Receipt

Payroll Deduction: (111.9-
0/Pay Period)

SUBTOTAL of Receipts This Page (optional)

423.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

James Hethcox

Mailing Address 5442 Haverhill Drive

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Exec, Account

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.45

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86642

Amount of Each Receipt this Period

66.70

Receipt

Payroll Deduction: (33.35-
/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Wendy Hufford

Mailing Address 5303 Rosalind Blvd.

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Evp, Associate General Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86655

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (40.00-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Stephen Inacker

Mailing Address 1490 S Ridge Road

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Evp, Global Sourcing

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.05

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86637

Amount of Each Receipt this Period

62.30

Receipt

Payroll Deduction: (31.15-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

209.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Stephen Johnson

Mailing Address 221 W Lancaster Ave
2012

City State Zip Code
Fort Worth TX 76102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Vp, Operations Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.90

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86636

Amount of Each Receipt this Period

61.40

Receipt

Payroll Deduction: (30.70-
/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Remi Kajogbola

Mailing Address 15751 Sheridan St
#149

City State Zip Code
Fort Lauderdale FL 33331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.19

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86701

Amount of Each Receipt this Period

121.16

Receipt

Payroll Deduction: (60.58-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Michael Kaufmann

Mailing Address 7160 Temperance
Point St

City State Zip Code
Westerville OH 43082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Group President, Hscs Medical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86574

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-
0/Pay Period)

SUBTOTAL of Receipts This Page (optional)

567.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Michael Kennedy

Mailing Address 4783 Vista Ridge Dr

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Ips Sales Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86635

Amount of Each Receipt this Period

60.48

Receipt

Payroll Deduction: (30.24-
/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Margaret Lavalley

Mailing Address 9410 Culross Ct

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Gss Business Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86682

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Steve Lawrence

Mailing Address 4868 Carrigan Ridge

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Mrktng, Retail/alt Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86534

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-
0/Pay Period)

SUBTOTAL of Receipts This Page (optional)

360.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Michael Lynch

Mailing Address 550 E Rosemary

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Group President, Mpm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86575

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-
0/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Janice Mccampbell

Mailing Address 7000 Cardinal Place

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Engineering Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.78

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86643

Amount of Each Receipt this Period

71.08

Receipt

Payroll Deduction: (35.54-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Lindy Mclean

Mailing Address 7272 Black Abbey Ct

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Sr Cnslt, Account

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.49

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86640

Amount of Each Receipt this Period

66.14

Receipt

Payroll Deduction: (33.07-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

521.82

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 21 / 33

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Steven Merkin

Mailing Address 1481 Country Ln

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Hr Business Partner Mpm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	8

Transaction ID: 80327.C86657

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (40.00-
/Pay Period)**B.**

Full Name (Last, First, Middle Initial)

Marc Mullen

Mailing Address 1650 Sherborne Lane

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Sales & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	8

Transaction ID: 80327.C86692

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-
/Pay Period)**C.**

Full Name (Last, First, Middle Initial)

Frederick Nelson

Mailing Address 7303 Deacon Court

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Sales Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.57

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	8

Transaction ID: 80327.C86644

Amount of Each Receipt this Period

79.62

Receipt

Payroll Deduction: (39.81-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

259.62

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

James Nuckols

Mailing Address 1740 Dylan Way

City

Encinitas

State

CA

Zip Code

92024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Mrktng, Medication Technl

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86540

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-
0/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Angela Perkins

Mailing Address 615 N Beverly Lane

City

Arlington Heights

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Finance Mpm

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86688

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Thomas Perrine

Mailing Address 7249 Landon Lane

City

New Albany

State

OH

Zip Code

43054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, It Business Partners

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86684

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 33

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

George Plava

Mailing Address 3526 Pembroke Dr

City

Richmond

State

TX

Zip Code

77469

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Sourcing Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.39

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	8

Transaction ID: 80327.C86703

Amount of Each Receipt this Period

135.54

Receipt

Payroll Deduction: (67.77-
/Pay Period)**B.**

Full Name (Last, First, Middle Initial)

William Rampy

Mailing Address 103 Foxglove Ln

City

Bentonville

State

AR

Zip Code

72712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Franchise Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.93

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	8

Transaction ID: 80327.C86695

Amount of Each Receipt this Period

107.98

Receipt

Payroll Deduction: (53.99-
/Pay Period)**C.**

Full Name (Last, First, Middle Initial)

Mark Rosenbaum

Mailing Address 6565 Lockhart Lane

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

President, Ips Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	8

Transaction ID: 80327.C86579

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-
0/Pay Period)

SUBTOTAL of Receipts This Page (optional)

628.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Claudia Russell

Mailing Address 5064 Seagrove Cove

City

San Diego

State

CA

Zip Code

92130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Strat Intel/analytics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.93

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86659

Amount of Each Receipt this Period

87.98

Receipt

Payroll Deduction: (43.99-
/Pay Period)

B.

Full Name (Last, First, Middle Initial)

David Schlotterbeck

Mailing Address 12 Hermitage Lane

City

Laguna Niguel

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Ceo, Cmp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86576

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-
0/Pay Period)

C.

Full Name (Last, First, Middle Initial)

James Scott

Mailing Address 5893 Hunter Pl.
Apartment D

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Alternate Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86530

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-
0/Pay Period)

SUBTOTAL of Receipts This Page (optional)

672.58

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Frank Segrave

Mailing Address 5371 Gordon Way

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

President, Generics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86581

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-
0/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Jesse Sims

Mailing Address 11014 Black Falls Ct

City

Sugar Land

State

TX

Zip Code

77478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Mgr, App Design & Devel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86690

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Mark Stauffer

Mailing Address 10644 Dundee Ct

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.93

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86697

Amount of Each Receipt this Period

119.98

Receipt

Payroll Deduction: (59.99-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

604.58

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Robert Summers

Mailing Address 146 Chasely Circle

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Marketing Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.31

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86630

Amount of Each Receipt this Period

58.66

Receipt

Payroll Deduction: (29.33-
/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Richard Walsh

Mailing Address 8722 Sweetwater Ct

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Aviation Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86658

Amount of Each Receipt this Period

85.90

Receipt

Payroll Deduction: (42.95-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Robert Walter

Mailing Address 2423 North Ocean
Blvd

City

Gulf Stream

State

FL

Zip Code

33482

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.14

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86571

Amount of Each Receipt this Period

384.04

Receipt

Payroll Deduction: (192.0-
2/Pay Period)

SUBTOTAL of Receipts This Page (optional)

528.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Carole Watkins

Mailing Address 1967 Woodlands Place

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Chief Human Resource Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86578

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-
0/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Rodney Whitmore

Mailing Address 7159 Drucilla St
Nw

City

Pickerington

State

OH

Zip Code

43147

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Hr Bus Partner Hscs Pharm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86536

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-
0/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Dwight Winstead

Mailing Address 2540 Presidio Dr

City

San Diego

State

CA

Zip Code

92103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Group President, Cts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C86580

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-
0/Pay Period)

SUBTOTAL of Receipts This Page (optional)

969.20

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 33

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Connie Woodburn

Mailing Address 9761 Erin Woods Dr

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Prof & Govt Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

928.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	8

Transaction ID: 80327.C86551

Amount of Each Receipt this Period

265.38

Receipt

Payroll Deduction: (132.6-
9/Pay Period)

SUBTOTAL of Receipts This Page (optional)

265.38

TOTAL This Period (last page this line number only)

11373.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 33

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Comerica Bank

Mailing Address P.O. Box 75000
MC 2250

City State Zip Code
Detroit MI 48275-2250

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Bank

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2027.69

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: 80306.C86484

Amount of Each Receipt this Period

560.01

Interest Received

SUBTOTAL of Receipts This Page (optional)

560.01

TOTAL This Period (last page this line number only)

560.01

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Marion Berry for Congress

Mailing Address P.O. Box 8084

City
Jonesboro

State
AR

Zip Code
72403-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
MARION BERRY

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 01

Transaction ID: 80306.E1042

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

McConnell Senate Committee 2008

Mailing Address 400 N Capitol St NW Ste 585
Suite 585

City
Washington

State
DC

Zip Code
20001-1502

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
MITCH MCCONNELL

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 00

Transaction ID: 80327.E1048

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

3500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial) Republican Senate Campaign Committee	Transaction ID: 80327.E1047 Date of Disbursement																				
Mailing Address 4679 Winterset Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	8												
City Columbus State OH Zip Code 43220-8113	Amount of Each Disbursement this Period																				
Purpose of Disbursement DIRECT CONTRIBUTION	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER																				
B. Full Name (Last, First, Middle Initial) Committee for Joyce Beatty, State Rep.	Transaction ID: 80327.E1046 Date of Disbursement																				
Mailing Address 233 South High Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	8												
City Columbus State OH Zip Code 43215-	Amount of Each Disbursement this Period																				
Purpose of Disbursement DIRECT CONTRIBUTION	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Citizens for Celeste	Transaction ID: 80327.E1045 Date of Disbursement																				
Mailing Address 1632 West First Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	8												
City Columbus State OH Zip Code 43212-	Amount of Each Disbursement this Period																				
Purpose of Disbursement DIRECT CONTRIBUTION	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Committee for Jim Hughes

Mailing Address 14 E. Gay Street
2nd Floor

City Columbus State OH Zip Code 43215-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80327.E1044

Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Husted for Ohio

Mailing Address 148 Sherbrooke Dr

City Kettering State OH Zip Code 45429-1742

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80327.E1043

Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Friends of Pileggi

Mailing Address 101 W. Baltimore Ave
2nd Floor

City Media State PA Zip Code 19063-3225

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80306.E1039

Date of Disbursement

03 / 03 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Steinberg for Senate 2010

Mailing Address 1100 O Street
Suite 200

City Sacramento State CA Zip Code 95814-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80306.E1041

Date of Disbursement

03 / 04 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Stern for Assembly

Mailing Address 412 Union Street

City Hollidaysburg State PA Zip Code 16648-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80306.E1040

Date of Disbursement

03 / 03 / 2008

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Friends of Senator Wonderling

Mailing Address 575 Paterno Drive

City Harleysville State PA Zip Code 19438-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80306.E1038

Date of Disbursement

03 / 03 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

16500.00